

CORRESPONDENCE.

THE QUESTION OF PRIORITY IN DEVISING A METHOD FOR THE PERFORMANCE OF INTRA-CRANIAL NEURECTOMY OF THE FIFTH NERVE.

IN his memoir on "Intra-cranial Neurectomy of the Fifth Nerve," published in the ANNALS OF SURGERY of May, 1893, Frank Hartley refers to my article on the same subject which appeared in the *Archiv. für klinische Chirurgie*. I wish to state that this method of operation was devised by me entirely independent of Dr. Hartley. He published his first work in the *New York Medical Journal*, Vol. LV, No. 12, March 19, 1892 (not March 1, as the text incorrectly states). I performed my first operation on the living subject February 23, 1892, several weeks before. It was impossible at that time for me to know anything of Hartley's operation, for no report of his case shown at the New York Surgical Society had yet reached us.

One is not apt to devise an entirely new operation on the same day on which he performs it for the first time on the living subject. It is, therefore, quite superfluous to discuss the question as to how long the surgeon has busied himself thinking over the operation. Frank Hartley especially emphasizes that he performed the operation on the cadaver a year and a half before he practiced it on the living subject; so must I state that I performed the operation on the cadaver even before William Rose, of London, made his report to the Medical Society of London, October 27, 1890, on the removal of the Gasserian ganglion in the living subject. A short account of this can be found in the *Deutsche medicinische Wochenschrift*, No. 48, November 27, 1890. This induced me to again attempt my method on the cadaver, for the operation of Rose seemed too complicated. I

relate these facts simply to show that I devised my method quite independently of Frank Hartley, and that I have the same right as he to be regarded as the inventor of this operation.

If I did not refer to Hartley's publication in my work alluded to above, it was because the *New York Medical Journal*, No. 12, March 19, 1892, had not been received when my manuscripts were completed. All of the other publications in this line known to me were fully referred to. These were William Rose (London), "Removal of the Gasserian Ganglion for Severe Neuralgia," Medical Society of London, October 28, 1890; the *Lancet*, November 1, 1890, and Victor Horsley (London), "Remarks on the Various Surgical Procedures Devised for the Relief or Cure of Trigeminal Neuralgia," *British Medical Journal*, November 25, December 5 and 12, 1891.

Inasmuch as Hartley has quoted in his last report all the cases that have come to his knowledge, five in all, it may not be without interest if I mention my cases. I have operated five times in this manner. The first of these cases was reported in the above-mentioned article. The two following cases were reported in the *Deutsche medicinische Wochenschrift*, No. 15, of April 13, 1893. The two last cases operated upon have not yet been published.

The operations performed in my five cases were all about the same, with the exception that in two cases, on account of hæmorrhage, I found it best to do the operation in two stages. Three of the operations were done in one stage. In these three cases, on account of the very severe symptoms, the entire ganglion Gasserii, and also the entire length of the central root passing from the ganglion to the pons varolii, were removed. The operation is as follows: After making the flap of scalp and bone in the temporal region, the cranium is opened, and the dura mater stripped up from the base of the skull. The root of the arteria meningea media is next ligated and divided; and then the third and the second divisions of the fifth nerve, in their entire extent, from the foramina ovale and rotundum to the ganglion Gasserii, are freed. Next the dura mater is lifted

back from the nerves with the elevator, and then the nerves are lifted away from the underlying bone. This isolation is carried as far back as the ganglion itself, indeed, until the ganglion is brought into view. The second and third divisions are now divided with a pointed tenotome at the foramina rotundum and ovale. The Gasserian ganglion is now seized transversely in its posterior part by the forceps devised by Thiersch for drawing out nerves, and by careful twisting the entire trifacial root connected with the ganglion is brought away. In my last three cases I have been able each time to remove the trigeminus root in its entire length of 22 millimeters. The first division tears loose very near the ganglion. In my work "Entfernung der Ganglion Gesseri und der central davon gelegenen Trigeminusstammes," published in the *Deutsche medicinische Wochenschrift*, 1893, No. 15, I have illustrated such a nerve trunk after its removal, and also given a cut of the field of operation.

The course of these cases after the operation has been good. In none has the neuralgic pain returned.

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